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Coordinated Services for Blinded Veterans

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THANKS TO OUR VETERANS

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INTRODUCTION

Through the years blindness has been considered by the majority of people as one of the most devastating handicaps that can affect an individual, striking people of all ages and walks of life. In the United States it is conservatively estimated that there are 500,000 persons within the legal definition of blindness; that figure represents those blind persons who are known to agencies for the blind. In addition, surveys report that over one million Americans have vision so impaired that they are unable to read a newspaper. VA statistics indicate that among our nation's 30 million veterans even higher incidences of blindness, as compared to the general population, are found. The challenge of helping these blinded veterans has greatly increased, and the VA is attempting to meet the challenge.

The term legal blindness is, however, a deceiving one. The generally accepted definition is: central visual acuity of 20/200 or less in the better eye, with ordinary corrective glasses; or, central visual acuity better than 20/200 in the better eye, and a field defect where the peripheral field at its widest tested diameter is less than 20 degrees. Approximately 85 percent of people classified as legally blind have some kind of usable remaining vision. Thus, blindness is very individualized; and ranges from the older veteran whose vision gradually worsens due to macular degeneration or diabetes, to the serviceman who is rendered totally blind by traumatic injury. Each of these veterans requires individualized and specialized care and treatment suited to the cause of blindness, physical and medical condition, age, ability to cope with frustrating situations, learning ability, and the overall needs and lifestyle of the veteran.

Indeed a person confronted with blindness may feel limited and frustrated in performing a variety of everyday activities previously taken for granted. Such tasks as dressing, eating, writing, reading and traveling about may become quite difficult to do independently. Simple communication with other people by ordinary means is hampered, as is the ability to keep up with the daily news and current events. Social interaction, recreation, and hobbies may be drastically limited or curtailed. Very frequently as vision fails, a person may be forced into premature retirement; loss of income and financial security may then become a serious problem. Coupled with the above factors, it is not uncommon for the newly blinded individual to undergo a period of personal stress. Serious doubts of self-worth and self-esteem, the feeling of being less of a person, or believing the future holds little promise may be evident. Serious pressure and strain may then be placed on the veteran, spouse, and family.

To help the veteran cope with these problems, the VA has established within the Department of Medicine and Surgery, the Blind Rehabilitation Service to provide a wide variety of services to legally blind veterans. These services include Visual Impairment Services Teams at many VA Medical Centers and Outpatient Clinics, and residential rehabilitation programs at VA Blind Rehabilitation Centers and Clinics.

The first, and pioneering Blind Rehabilitation Center was opened at the VA Medical Center, Hines, Illinois, just west of Chicago, in 1948. To meet the demand of increasing numbers of blinded veterans, additional Blind Centers were later strategically located throughout the United States, at VA Medical Center, Palo Alto, California, in 1966; VA Medical Center, West Haven, Connecticut, in 1969; and VA Medical Center, Birmingham, Alabama, in 1982. An interim day care Blind Rehabilitation program was established at VA Medical Center San Juan, Puerto Rico, in 1985 with the permanent Center expected to be activated by FY 1988. In addition to the Blind Rehabilitation Centers, the VA has established Blind Rehabilitation Clinics at VA Medical Center, West Haven, Connecticut; VA Medical Center, Waco, Texas; and VA Medical Center, American Lake, Tacoma, Washington. These Blind Rehabilitation Clinics are intended for veterans with special problems in addition to blindness.

The following pages will describe in some detail the programs offered at the Blind Rehabilitation Centers and Clinics, as well as the VA Blind Rehabilitation services available at local VA medical centers and outpatient clinics.

THE BLIND REHABILITATION CENTER PROGRAM

Loss of sight affects each person differently and is capable of hindering overall functioning, including employment, recreation, social and family life, and communications. The VA's many years of experience have shown that a program of comprehensive rehabilitation is usually the best course to follow. Here an experienced professional staff guides the individual through a process that eventually leads to maximum adjustment to the disability, reorganization of the person's life, and return to a contributing place in the family and community. To achieve comprehensive rehabilitation, the Blind Rehabilitation Centers offer a variety of skill courses to the veteran designed to help achieve a realistic level of independence. The veteran is also assisted in developing a healthy attitude toward themselves, blindness, and the future.

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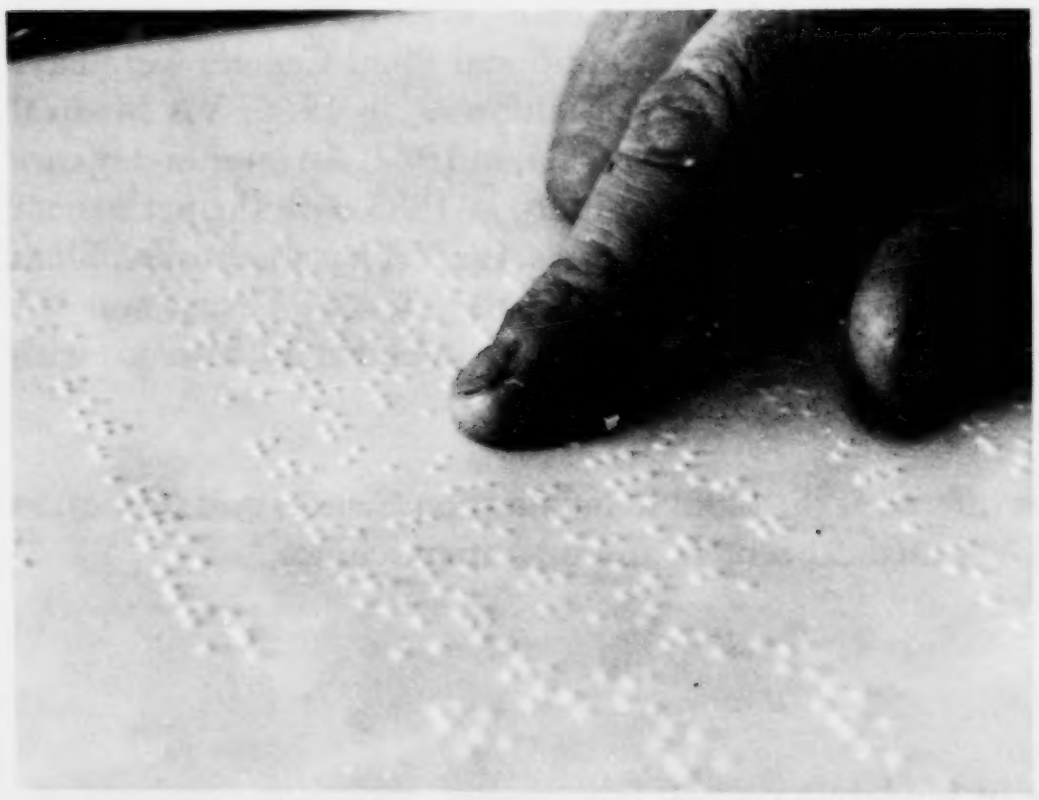
In the skill areas, the veteran participates in the following courses:

Orientation and Mobility—Principles of independent travel for both low vision and totally blind veterans are taught, using an aluminum "long cane" mainly for outdoor travel. Maximum use of any remaining vision as an aid to travel is intensively evaluated, low vision aids are fitted and their use made an integral part of mobility training. Sensory training classes teach the veteran how to use their remaining senses, particularly hearing, as an effective aid in travel, and exercises in mental mapping show the veteran how to keep track of where the veteran is while traveling through different kinds of environments. Instruction ranges from relatively simple routes to the increasingly complex, and gradually builds the veteran's confidence in their ability to travel independently. By the completion of the instruction, the veteran should have a realistic picture of their travel capability and be able to travel about independently in both familiar and unfamiliar areas.

Living Skills—This phase of the rehabilitation program generally consists of several areas: communications; activities of daily living; and independent living program.



Communication Skills—Instruction in this area is designed to replace or restore the ease of written and spoken communication. Opportunities to learn and utilize braille, typing, handwriting, telling time, management of financial records, use of tape recorders and other electronic equipment are all provided to the veteran. These courses equip the veteran with the means to help keep up with current events, correspondence, personal files, and maintain, as far as possible, normal means of communications with other people.

Activities of Daily Living—The veteran is also taught various techniques, methods, use of aids and devices that can aid in doing countless daily tasks. The area ranges from such simple things as shining shoes or making a cup of coffee, to complex situations such as arranging an entire wardrobe, shopping, kitchen organization, and preparation of complete meals. The emphasis is on learning by doing; techniques and methods are taught and then integrated into the veteran's daily routine. By the completion of the program, the veteran should be capable of handling these various tasks with much greater, or complete independence. Thus, one fringe benefit of the area is increased independence in the home situation, therefore, lessening the burden of care for the family and easing tensions that may have arisen in the past.

The living skills instructors arrange consultation with the medical center Dietetic Service, so that each veteran has the opportunity for ongoing meetings on a one-to-one basis with a dietitian. This is especially important for those veterans who require special diets; while at the Blind Rehabilitation Center, they can be educated concerning these diets and the need to follow them as closely as possible. As appropriate, detailed instructions in preparation of the special diets can be provided.

Independent Living Program—Each Blind Rehabilitation Center has established an independent living program in the living skills department, designed primarily for those veterans who will be living alone after rehabilitation. After extensive instruction, the veteran is afforded the opportunity to practice the acquired skills under minimal or no supervision. Thus the veteran can experience on a practical basis the problems encountered in living independently, and can provide their own solutions to these problems.

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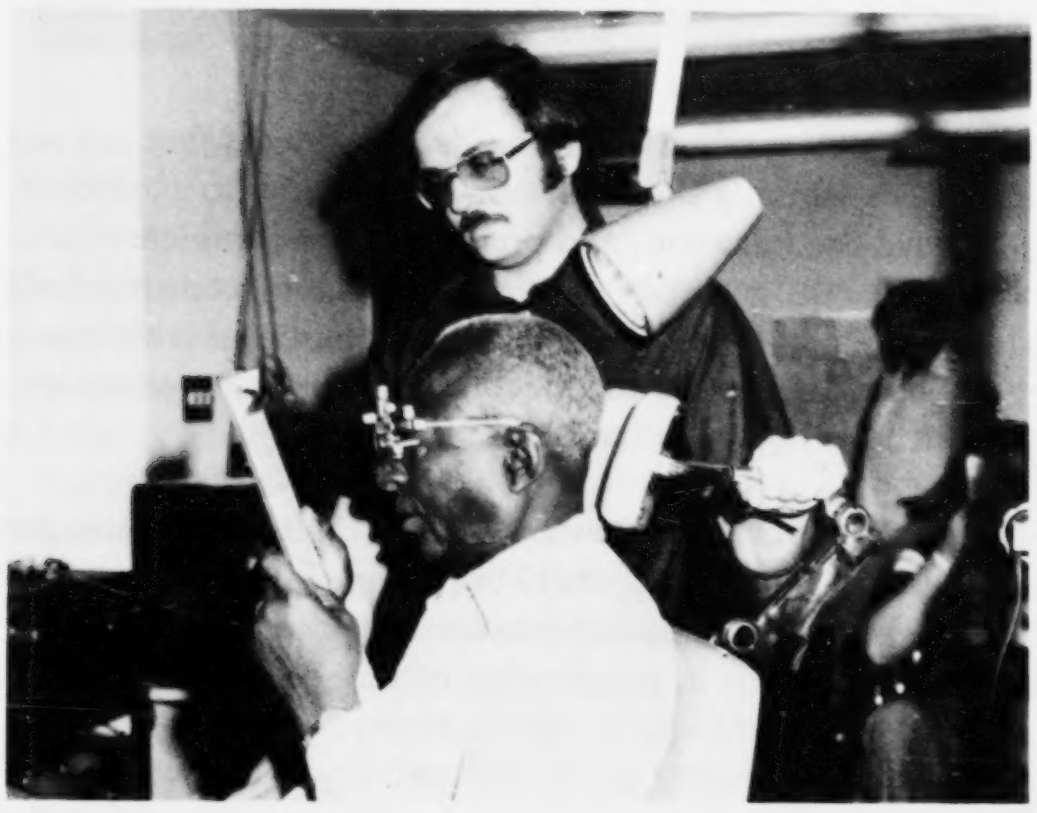
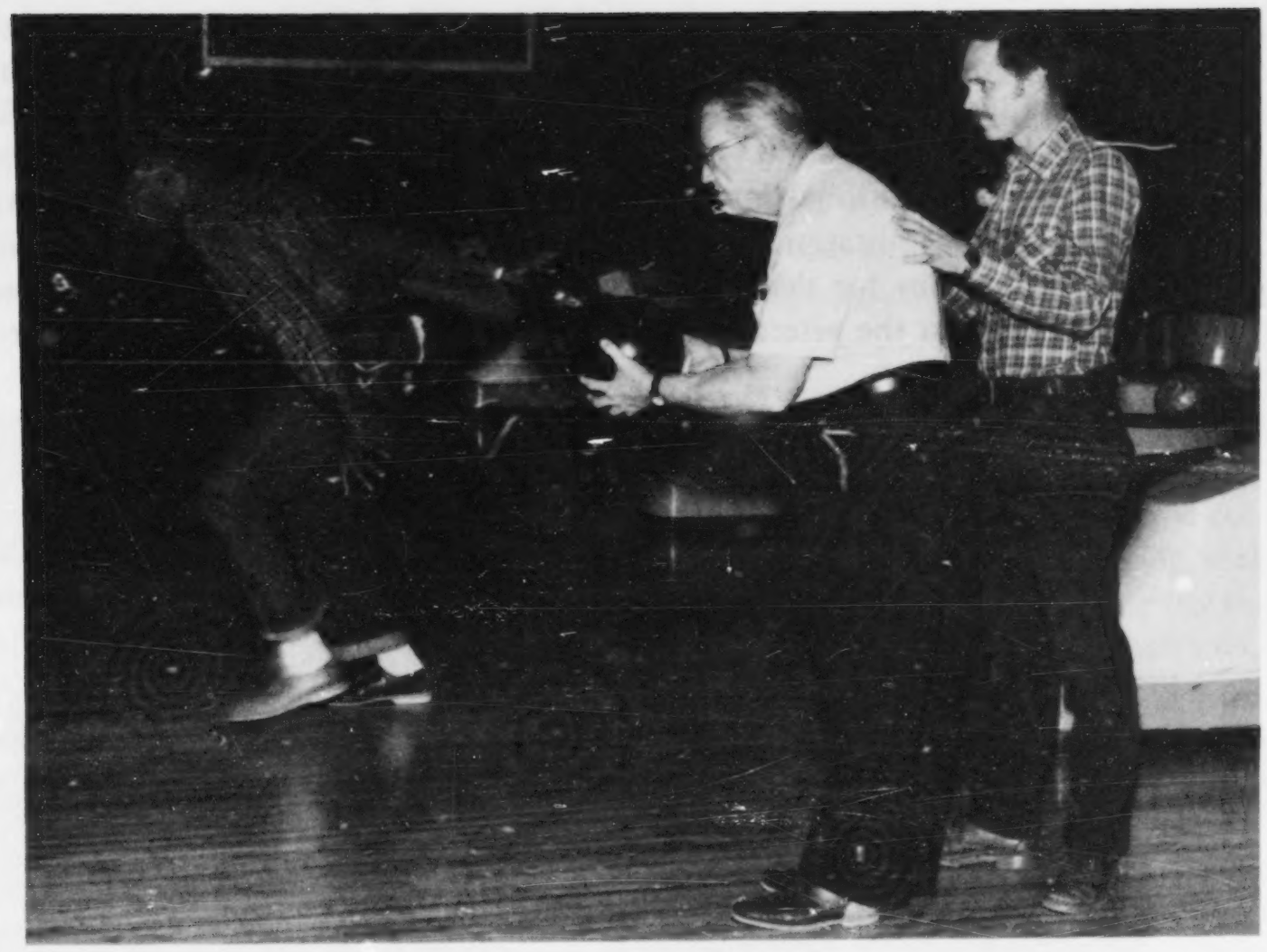
Manual Skills—Each unit of this area provides the veteran who has little or no vision, the means to develop organizational skills, awareness of the environment, safe and efficient work habits, spatial relationships, and tactual ability. The material is generally presented to the veteran in several areas, which include: basic shop; home and power mechanics; metal working; advance shop; and ceramics. The basic shop is evaluatory in nature and consists of making hand crafted objects; the home and power mechanics clinic is an introduction to the tools and methods of small engine and home repair; metal working involves designing and crafting various projects from metal; the advanced shop shows the veteran how to use a variety of measuring devices, hand tools, and power equipment usually found in a woodworking program; ceramics is designed for those veterans who cannot participate, for some good reason, in other significant parts of the manual skills area, or who express an interest in ceramics.

The manual skills area is not vocational training, although some veterans have found a vocational interest or hobby from it. Frequently, it enables a veteran to resume interest in performing home repairs in a workshop at home, thus further adding to the person's self-confidence and motivation. Veterans who enter the Blind Rehabilitation Center with minimal skills in manual skills or those who are slightly skilled in aspects of mechanics or woodworking find this area very beneficial since it shows them how to perform necessary functions of the skill with reduced or no vision.



Visual Skills—As stated earlier, approximately 80 percent of all veterans entering a Blind Rehabilitation Center have some remaining vision that may still be useful in many situations. For these veterans, a thorough visual skills evaluation is performed. Each veteran is examined by a medical center ophthalmologist shortly after admission. The Blind Center visual skills team, composed of an optometrist and visual skills instructor, then performs an intensive evaluation of the veteran's remaining vision, prescribes special lenses or devices, and instructs the veteran in techniques for using their remaining vision more effectively. The visual evaluation attempts to assist the veteran to perform various tasks for close work, such as reading; for other activities in the intermediate arms-length distance; and as an aid in mobility to identify objects at short and long range. One important goal of the visual skills area is to help the veterans develop a realistic assessment and understanding of their visual capability and limitations so that they may better use their vision in daily life.

Physical Conditioning—The onset of visual loss may interrupt or stop completely a pattern of exercise or activities that many veterans have incorporated into their daily lives, thus causing a decrease in muscular tone and stamina. Under medical supervision, each Blind Rehabilitation Center provides a carefully planned program of physical training on a regular basis. Not only does this training improve the physical condition of the veteran, but it also teaches the veteran exercises that may be carried over to the home situation to aid in maintaining good health. Exercises can range from the relatively sedentary to relatively vigorous, depending, of course, on the ability and need of the veteran. It has been observed in the Blind Rehabilitation Centers that even a moderate program of regular exercise can assist many veterans in management of a complicated medical situation. Although many veterans are doubtful at first of their ability to perform regular exercise, they are usually surprised at how much they can accomplish with time and patience.



Recreation—Just as the pattern of normal exercise and activity can be affected by blindness, so can the areas of recreation that bring refreshment and enjoyment to a person's life. A broad array of recreational activities and interests is offered, both on a group and individual basis. Attendance at sports events, theaters, movies, concerts, as well as social gatherings of various kinds, is planned for all patients. The aim is to revive interest in activities that have been done in the past, and stimulate interest in new areas. Possible social and recreational activities in the veteran's home area are discussed and methods for realistic involvement in them are explored. Hopefully the veteran will bring home the desire to participate again in the normal activities of daily life engaged in prior to blindness.

Adjustment to Blindness—The difficult area of emotional and behavioral adjustment to blindness is the chief role of the clinical psychologist, social worker and nurse. Through individual counseling sessions, group meetings, and a variety of information techniques, they help each veteran deal with blindness and learn to live with it. Indeed, the entire rehabilitation program attempts to develop a therapeutic environment where the total staff of the Blind Center assists the veteran to come to grips with the reality of their visual loss.

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A clinical psychologist is assigned to each Blind Rehabilitation Center on a full-time basis. The psychologist's duties include a careful evaluation of the veteran's strengths and limitations, counseling in individual and group sessions on various aspects of blindness and emotional adjustment, and assisting each veteran to formulate a plan of life consistent with or superior to life before blindness. Planning can include vocational rehabilitation, return to school, job re-training, or development of a vocational interests. Vocational planning is coordinated with the Department of Veterans Benefits Counseling and Rehabilitation staff for veterans eligible for those services. Non-eligible veterans may be referred to the appropriate state agency for the blind. The psychologist consistently consults with the staff of the Blind Rehabilitation Center to assure that the veteran's psychological needs are addressed in the program of rehabilitation training.

The social worker provides assistance to veterans and designated family members in evaluating and solving social, emotional, or family problems affecting treatment. Problems may be related to adjustment to blindness, family/interpersonal relationships, financial difficulties, housing/living arrangements, etc., and may require linkage with community resources in veteran's home area in order to assure that necessary services are available and utilized following discharge. The social worker also arranges a Family Program as indicated by the veteran's needs. In many situations the Family Program can be a very important aspect of rehabilitation. If a Family Program is recommended and approved, the veteran selects a family member with whom they resides to visit the Blind Rehabilitation Center for several days, approximately three-quarters of the way through the veteran's program. Cost of travel, lodging, and meals are defrayed by the VA. The purpose of the Family Program is to involve the veteran's family in the rehabilitation process, and demonstrate what changes the veteran has made since the beginning the program. Experience has shown this can be a useful aspect of rehabilitation, since it enlightens and informs the family member and helps pave the way for the veteran's return home. The Family Program frequently assists family members in their own adjustment to the veteran's visual loss by identifying adjustment problems or misconceptions they have experienced that may have indeed negatively affected the veteran's adjustment. Thus the family is helped to realize its crucial role in the rehabilitation process.

Group Meetings—One strength of the residential rehabilitation center is that it brings together people from many varied backgrounds, educational levels, and occupations who as veterans have one chief thing in common: blindness. Through interaction with other people experiencing the same difficulty, the group itself can frequently support individuals as they struggle with their feelings. To aid in this process, group meetings, including therapy and didactic sessions, are scheduled that allow for the expression and discussion of feelings concerning blindness.

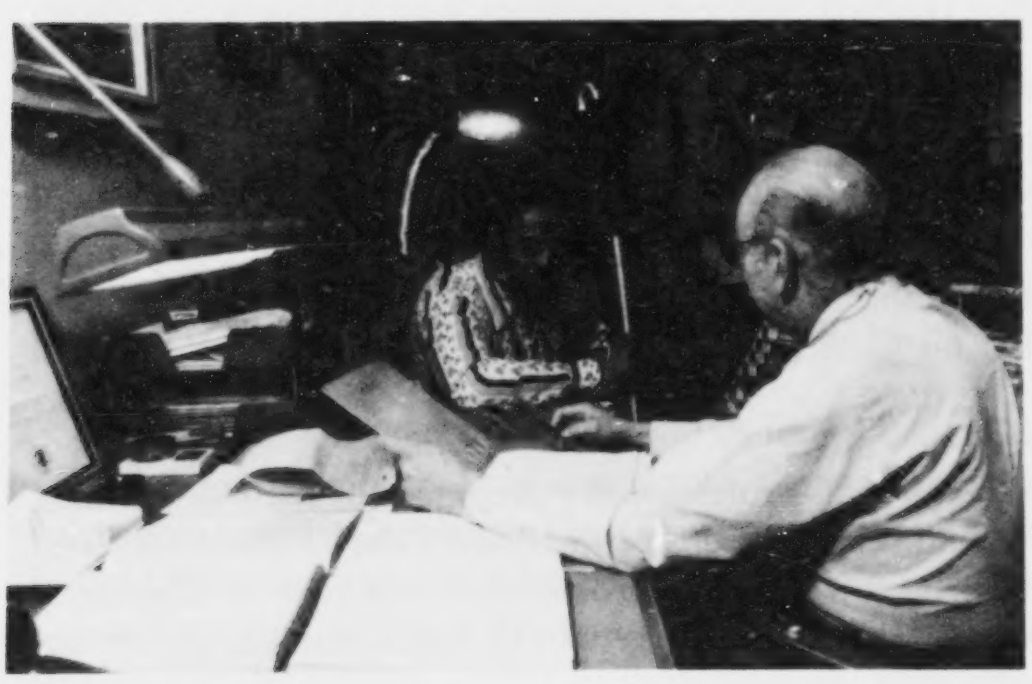
Team Coordinator Concept—Each Blind Rehabilitation Center follows the team coordinator approach to rehabilitation. The staff assigned to work with a particular patient forms the rehabilitation team with one staff person serving as the "captain" of the team. The team captain or coordinator follows the progress of the veteran from the day of admission until the day of discharge, assisting the veteran in whatever way possible and assuring that the goals of the rehabilitation plan are carried out. This allows one person to serve as the focal point for the veteran's rehabilitation program, so the veteran

knows who is specifically available for advice, consultation, and discussion concerning details of the rehabilitation program and programming. The team is delegated responsibility for planning the details of the veteran's rehabilitation program and making adjustments as necessary. As an important part of the team approach, the veteran is involved as much as possible in the planning of the program; just as staff may suggest changes or modifications to the rehabilitation plan, so may the veteran provide input to the team, recommending appropriate modifications. In this way, the veteran becomes a member of the team and is a party to all aspects of the rehabilitation program, especially the setting of goals and objectives. This team approach to rehabilitation is the heart of the rehabilitation concept and helps assure accountability for the quality of patient care.

Life at the Rehabilitation Center—Any blinded veteran may apply for admission to a Blind Rehabilitation Center or Clinic through the nearest VA facility in their particular area of the United States. There is no cost to the veteran for rehabilitation training. Transportation to the Blind Rehabilitation Center or Clinic and return home is subject to the current beneficiary travel regulations which may impose some limitations on travel payments. Prior to commencing such travel it is suggested that you contact your local VA medical center travel clerk for full details. An escort to accompany the veteran to the Blind Rehabilitation Center or Clinic may be approved if the particular veteran's condition so warrants.

Teaching activities at the Blind Rehabilitation Center follow the usual government work routine: 8 hours per day, 5 days a week. Classes of 50-minutes duration are scheduled during the work day. After the work day is completed, each veteran is permitted to go on pass, subject to medical and administrative clearance. Families, friends, or relatives are welcome to visit in the evenings or on weekends, but not during the work day. All the Blind Rehabilitation Centers require that veterans remain in the Center for the first weekend so they may more quickly adapt to the rehabilitation environment. Exceptions may be made by the Chief of the Blind Rehabilitation Center as individual situations demand.

Comfortable, casual clothing is the rule for most classes; clothing should be appropriate to the particular Blind Rehabilitation Center, the time of year, and the climate of the geographic area. Linens and towels are provided, although veterans are expected to wash their personal laundry in the Blind Rehabilitation Center Laundry room, after instruction in the use of the washer and dryer. Since the Blind Rehabilitation Centers are well supplied and equipped, veterans need not bring such things as radios, tape recorders, talking book machines, and other items of that nature. Veterans are encouraged to open an account with the medical center's Agent Cashier for the deposit of personal funds, and they may make withdrawals as needed.



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Each Blind Rehabilitation Center is assigned a physician to help maintain and improve the health of each veteran. Since the Blind Rehabilitation Centers are located within VA medical centers, the facilities and clinics of those medical centers are available as necessary. Nursing staff is also assigned to the Blind Rehabilitation Centers. Working together, the physician and the nurses implement the health care regimen and monitor the ongoing medical status of each veteran, as well as educate them concerning their medical situation. Nursing functions as an integral part of the rehabilitation team and helps assure that the veteran's physical condition will not interfere with the rehabilitation program. Veterans are requested to bring two weeks supply of their medications with them to the Blind Center when they are admitted, in the event the pharmacy does not stock a particular medication.

Length of the Rehabilitation Program—The length of the rehabilitation program tends to vary from veteran to veteran. Experience has shown that veterans who possess considerable remaining vision may be in training for a shorter period of time, perhaps up to 8 weeks; veterans who have little, if any, remaining vision may be in training up to 16 weeks. In addition to visual levels, the veteran's general health, emotional condition, learning ability, and motivation, will determine the length of stay. The first 2 to 3 weeks of the program are an evaluation of the veteran's overall condition and assesses the veteran's general and specific needs. After a team assessment, keeping in mind that the veteran is a member of the team, intensive rehabilitation work begins and a projection of length of training made. This projection can be updated as circumstances and the veteran's needs warrant.

Veterans should remember that rehabilitation is a dynamic process that cannot be rushed. Time is required to thoroughly learn skills, practice them, and incorporate them into one's lifestyle. We ask veterans to be willing to give us sufficient time to adequately complete their rehabilitation program. Again, experience demonstrates that time passes very quickly at the Blind Rehabilitation Centers and we know that each veteran will consider it an investment in their future.

Blind Rehabilitation Clinics—The Blind Rehabilitation Clinics are intensive blind rehabilitation programs especially designed for those veterans who, for a variety of reasons, may not be capable of coping with the more demanding program offered by the Blind Rehabilitation Centers. Veterans who have medical, physical, emotional, or mental limitations that may preclude them from participation in a Blind Rehabilitation Center, should be referred to a Blind Clinic. Since these veterans may not be capable of dealing with the pace of a Blind Rehabilitation Center program, a moderately paced program of a Blind Clinic that is less demanding emotionally or physically may be feasible. These veterans might require a longer term program with maximum individualization, repetitious training, and perhaps more minimal goals and objectives.

The Blind Rehabilitation Clinics are 12 to 15 bed programs offering high quality blind rehabilitation. Applications for Blind Rehabilitation Clinics should be submitted directly to the Chiefs of those Clinics. Prior to admission, the veteran's medical and psychiatric condition should be stable and permit the veteran to participate in a rehabilitation program. A veteran requiring constant supervision or nursing care may not be suitable for referral to a Blind Rehabilitation Clinic. On occasion, some veterans have been referred to Blind Rehabilitation Clinics to determine their suitability for eventual transfer to a Blind Rehabilitation Center.

The staff employed in Blind Rehabilitation Clinics is of high quality and professionally prepared for their demanding tasks. The Blind Rehabilitation Clinics should not be viewed as diminutive versions of the Blind Rehabilitation Centers. They are specialized programs designed to help blind veterans who have special problems in addition to blindness. Whenever there are questions concerning where to refer the veteran, do not hesitate to call and consult with the appropriate Center or Clinic Chief.

Prosthetic Appliances and Sensory Aids for the Blind—The Chiefs of the Blind Rehabilitation Centers and Clinics have been authorized to prescribe various aids and devices for the legally blind veterans who undergo rehabilitation training. Each veteran is evaluated and taught the use of appropriate aids and devices. Issuance of aids and devices to veterans is based on need, the demonstrated ability to use them, and adherence to clearly defined criteria. Any aid or device issued to veterans is designed to assist them in overcoming the handicap of blindness and to permit them to function effectively and efficiently after rehabilitation is completed.

Special Programs at Blind Rehabilitation Centers—Over the years, innovative technological devices have been developed for the blind. Many of these devices are available at the Blind Rehabilitation Centers, along with training in their use. Eligible and qualified veterans may apply for training in the use of these specialized devices. Veterans should note that specific criteria have been established for admission to specialized training programs, and that detailed criteria for issuance of the devices have been prepared. Questions concerning eligibility and suitability for training, as well as issuance of devices, should be directed to the Chief of the appropriate Blind Rehabilitation Center.

Special programs generally fall into the areas of communications, orientation and mobility. Communications devices are electronic reading machines for the blind, or other similar specialized devices. Orientation and mobility devices are electronic travel aids for the blind, designed to supplement the usual protective travel aids. As various other aids and devices are developed, training in their use may become available. It should be noted that training in the use of presently existing devices is complex; they require a great deal of hard work and persistence, and may not be suitable for every veteran. They should in no way be viewed as a substitute for basic blind rehabilitation training, or for the usual aids and devices frequently issued to many veterans. They can, and do, serve an important place in the lives of many veterans.

Special programs are usually two to four weeks in length and deal specifically with one device. Several hours per day are spent working on that device, so only limited involvement with the regular rehabilitation program is possible. Veterans participating in the full rehabilitation program are shown the devices as part of training and may wish to return for a detailed training program at a later date.

Additional Information Concerning Blind Rehabilitation Centers:

Research and Clinical Evaluation Programs—Just as the VA has consistently been a leader in development of sensory and prosthetics research, so now each Blind Rehabilitation Center is actively involved in research, development, and evaluation of devices and teaching programs. Many aids and devices that were involved in research programs in past years are now part of the regular rehabilitation programs at the Blind Rehabilitation Centers. As new aids and devices are developed that may assist blind persons, the VA will be among the first to evaluate and test them. The overall goal of this research is to improve the quality of life for all blind persons, both veterans and non-veterans.

Blind Rehabilitation Center/Clinic Administration and Staff—Teaching personnel at each Blind Rehabilitation Center/Clinic is composed of instructors, the majority of whom hold specialized degrees in work with the blind from major colleges and universities. The Chiefs of the Blind Rehabilitation Centers/Clinics are experienced professionals in the field of blindness and rehabilitation and possess a thorough knowledge of the VA system; they are the leaders who coordinate the efforts of many various disciplines in the Blind Rehabilitation Centers/Clinics, thus assuring that each veteran will receive the highest caliber of individualized instruction possible.

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Regional Consultants—Each Blind Rehabilitation Center employs on its staff a full-time Regional Consultant who travels to each VA medical facility in the geographic area served by that Blind Rehabilitation Center. Their duties are to educate personnel of local VIS Teams and programs for blinded veterans, so they may provide more adequate services to local blinded veterans; to act as a resource for VA blindness programs and services to local agencies for the blind; to serve as an information resource for blinded veterans, as well as state and private agencies for the blind. While at the Blind Rehabilitation Centers, the Regional Consultants work with blind veterans to assure their veterans benefits and other benefits related to blindness are in proper order; educate veterans concerning state and local benefits for the blind; and assist veterans in submitting applications for relevant benefits.

Affiliations—Each of the Blind Rehabilitation Centers/Clinics is affiliated with leading universities that provide students for teaching and internship opportunities in specialized disciplines of blind rehabilitation. The medical centers housing the Blind Rehabilitation Centers/Clinics are affiliated with excellent local medical schools, thus assuring the highest level of medical care for each blinded veteran.

Visual Impairment Services Teams—VIST (Visual Impairment Services Teams) have been established at many VA medical centers and outpatient clinics around the nation, specifically organized to provide coordinated outpatient services to blinded veterans. The VIST invites and encourages eligible blinded veterans to come in for a review of their physical, social, and psychological needs plus a review of benefits, once a year, at the nearest VA medical center or outpatient clinic. The VIST then provides whatever services are appropriate, including referral to a Blind Rehabilitation Center or Clinic, if this is thought best and is agreed to by the veteran.

Although only certain eligible veterans qualify for services from a VIST, it is important to note that any blinded veteran may be referred to a Blind Rehabilitation Center or Clinic for rehabilitation training. As mentioned above, not all VA medical centers or outpatient clinics have VIST. However, those facilities without designated VIS Teams will have a social worker assigned to the local blind program; that social worker should be contacted for information concerning services for blinded veterans and for help in initiating an application to a Blind Rehabilitation Center or Clinic.

Referral Procedures and Application Requirements—Any VA health care facility may make a direct referral to a Blind Rehabilitation Center or Clinic. The VIST Coordinator or social worker assigned to the blind program at the appropriate VA facility will prepare the application package and assure that it is forwarded to the VA medical center housing the Blind Rehabilitation Center or Clinic.

The application package for blind rehabilitation should include the following:

1. A fully completed VA Form 10-10, Application for Medical Benefits and the related VA Form 10-10M, Medical Certificate and History and 10-10F when necessary.

2. A covering letter briefly stating the events leading to the referral.

3. A current complete physical examination, detailing all conditions that may affect progress in rehabilitation, including a detailed statement of physical capacities and tolerance. Also include in the medical report pertinent radiology and laboratory reports.

4. A complete ophthalmological report, containing visual acuities, near and far, corrected and uncorrected, and measurements of peripheral and central visual fields.

5. A social work report, outlining the veteran's military, family, educational, social, and work history, and other relevant information.

6. An audiological report.

7. VA benefits rating sheet.

8. Psychiatric and/or psychological report, if considered appropriate and necessary.

9. A copy of Prosthetics form, VA Form 10-2319.

The application package will be reviewed by administrative and medical staff at the Blind Rehabilitation Center or Clinic. When a decision on the application is made, the veteran and the referring VIST Coordinator or social worker will be informed.

Travel Information—As stated earlier, transportation to the Blind Rehabilitation Center or Clinic and return home is subject to the current beneficiary travel regulations which may impose some limitations on travel payments. If approved, an escort may accompany the veteran to the Blind Rehabilitation Center or Clinic. Staff of the Blind Rehabilitation Center or Clinic will determine the veteran's need for an escort. The Blind Rehabilitation Center or Clinic will provide assistance to the veteran in making travel arrangements in cooperation with the veteran's referring station. All tickets and receipts for tolls, parking, travel, etc., must be kept and presented to the Travel Clerk at the VA medical center housing the Blind Rehabilitation Center or Clinic for verification and payment. Approval for an escort to accompany the veteran must be obtained in advance from the Medical Administration Service at the VA medical center housing the Blind Rehabilitation Center or Clinic.

Conclusion—The material presented in this Information Bulletin shows that although partial or total loss of vision can be overwhelming, the problem is not insurmountable. Rehabilitation can be the start of a new life for the individual. It is the beginning, the training ground, the base that prepares the blinded veteran to assume a meaningful place in the family and in society. It assists the blinded veteran to build the strength, skills, and self-confidence to live a normal, happy, well-rounded life.

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